

A conversation with the Schistosomiasis Control Initiative (SCI), October 2, 2015

Participants

- Professor Alan Fenwick – Director, SCI
- Dr. Wendy Harrison – Deputy Director, SCI
- Natalie Crispin – Senior Research Analyst, GiveWell

Note: These notes were compiled by GiveWell and give an overview of the major points made by Professor Alan Fenwick and Dr. Wendy Harrison.

Summary

GiveWell spoke with Professor Fenwick and Dr. Harrison of SCI as part of the process of reviewing SCI as a top charity. Conversation topics included SCI's budget, fundraising goals, and reserve policy.

Funding

By 2019, SCI aims to have administered just over 300 million total treatments since 2010. In order to reach this goal, SCI will need to administer about 57 million treatments next year and 67 million each of the following two years.

Current funding and programs

SCI estimates that it currently has a funding gap of \$9.5 million for April 2016 to March 2017.

SCI has about \$5.2 million a year in funding from the Department for International Development (DFID) to spread across the ten countries that DFID supports. Specific allocations to each country for next year are not yet finalized.

The END (Ending Neglected Diseases) Fund has provided SCI with partial funding for Rwanda, Ethiopia, and Yemen, and another donor has provided partial funding for Madagascar.

SCI decided not to offer support to Zimbabwe in 2015/16 because the END Fund is providing sufficient funding to the country directly.

Expected costs

SCI expects to spend on average about \$0.25 per treatment in each country, though in the final budget estimates (which SCI expects to receive around January) some countries may cost more and some less. For example, costs are lower in Sudan because the government provides matching funds for the program. This cost is lower than some previous estimates in part because SCI does not need to purchase praziquantel. In Nigeria, SCI estimates that it will spend about \$0.40 per treatment because its program is in the start-up phase and it expects additional expenses. An official from the Nigerian Ministry of Health has proposed three states for SCI to work in, which have had no previous schistosomiasis treatment.

SCI's has added 20% of the total country budget costs to the additional amount SCI needs to raise. This is to account for central costs. This is in addition to the funding DFID provides for central costs.

SCI's plans if over- or under-funded

If SCI raises more funding than expected, it would likely enter smaller countries such as Chad. If SCI does not meet its fundraising goals, it would eliminate its new Nigeria program first.

Reserve policy

SCI is working to finalize its reserve policy through internal discussions and discussions with Imperial College London. In addition to its official reserves SCI has an account holding the next two years of salaries. Its funding contract with DFID is also ongoing through 2018.

Financial statements

SCI believes that the discrepancy in its 2013 expenditure in Ethiopia is the only such major error in the financial statements it shared with GiveWell in mid-2015. SCI has several types of financial accounts, and Professor Fenwick believes that some funding may have been sent straight to Ethiopia from an Imperial College "L-account" rather than through SCI's Ethiopia account. Najwa Al-Abdallah, SCI's newly appointed Finance and Operations Manager, is working to resolve this issue.

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